

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 1 SEP 71
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	FILE NUMBER 3643
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 063385
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) FE	ID CARD NUMBER
ATTN: SUPPORT STAFF, CHIEF		OFFICIAL COVER
REF: FORM 1322 dtd 1 JUL 71		<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED
SUBJECT: MAX MORALES, David S.		<input type="checkbox"/> DISCONTINUED
UNIT: US ARMY		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____	DATE
B. CONTINUING AS OF DOO	
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)	<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)
<input checked="" type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HBB 20-11)	<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2e)	
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

DEC 54 - NOV 55 - HQS - DAC
 MAY 56 - OCT 56 - CUBA - **32**
 OCT 56 - MAY 57 - FLORIDA
 JUN 57 - FEB 58 - PERU -
 APR 58 - JUL 59 - LAC -
 OCT 59 - JUL 71 - VIETNAM - DAC
 AUG 71 - NOV - DAC

DISTRIBUTION: COPY 1 - CD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - D/OS
 COPY 4 - OL/TELSVC
 COPY 5 - OF
 COPY 6 - CCS - FILE

James H. Franklin

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

518R